

**RECIPIENT REQUEST FOR  
ACCOUNTING OF DISCLOSURES OF  
PROTECTED HEALTH INFORMATION**

Recipient's Name: \_\_\_\_\_

Medicaid/Nevada Check Up ID #: \_\_\_\_\_

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As provided by the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rules, you have a right to request an accounting of disclosures of the health information that the Division of Health Care Financing and Policy (DHCFP) makes about you. The accounting will not include the following disclosures: 1) those made to carry out treatment, payment or health care operations; 2) those made to you and/or authorized by you; 3) those made to people involved in your care; 4) those that are incidental to a permitted or required use or disclosure, and 5) certain disclosures to government, correctional institutions and or/law enforcement personnel.

Please indicate the dates (since April 14, 2003) for which you would like an accounting of disclosures.

From \_\_\_\_\_ To \_\_\_\_\_

DHCFP will prepare a list of disclosures no later than 60 days after receiving your request. If we are unable to assemble the list in that time we will notify you of the reason for the delay, which may be up to 30 days. When you receive your accounting, it will include: 1) the date of disclosure; 2) the name of the person or entity receiving the information and, if known, the address; 3) a brief description of the information disclosed, and 4) a brief statement of the purpose of the disclosure or a copy of the written request for disclosure to a legal agency. This information may vary somewhat if multiple disclosures were made to the same person or entity for the same purpose, or if the disclosure was for research activities.

There is no charge to produce the first accounting of disclosures of your protected health information in any 12-month period. Additional requests made in the same 12-month period will be assessed an administrative fee based on the amount of staff time spent preparing the accounting. Fees will be assessed at a rate of \$28 per hour for professional staff and/or \$19 per hour for clerical staff. Less than 15 minutes will not be charged. Fifteen minutes or more will be charged as a half-hour. (For example, 10 minutes spent by a professional staff member would not carry a fee. However, 20 minutes spent by a clerical staff member would be charged as 30 minutes and would cost you \$9.50.) You will be provided with an estimate of fees prior to preparation of your accounting. Do you agree to such fees imposed by DHCFP for providing an accounting of disclosures?

\_\_\_\_ Yes \_\_\_\_ No

Please indicate the means by which you wish to receive your accounting of disclosures (fax, mail, on-site, etc.), and provide the necessary numbers or address:

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If DHCFP cannot provide the information in the form or format requested, it will be made available to you in a readable hard copy form or other form or format agreed to.

\_\_\_\_\_  
Signature of Recipient or Personal Representative

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Printed Name of Recipient or Personal Representative

\_\_\_\_\_  
Relationship to Recipient or  
Authority to Act on Their Behalf

**FOR DHCFP USE:** Date request received by DHCFP: \_\_\_\_\_

Extension Requested: ☐ No ☐ Yes If Yes, Reason \_\_\_\_\_

Recipient notified of extension in writing on this date: \_\_\_\_\_

Identity of recipient and/or legal representatives verified: ☐ No ☐ Yes

Accounting of disclosures provided or mailed to recipient on this date: \_\_\_\_\_

Copy of accounting placed in recipient's file: ☐ No ☐ Yes

Fee assessed: ☐ No ☐ Yes Amount: \_\_\_\_\_

Name and title of staff member processing request: \_\_\_\_\_

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